Operator Project # Po	ostmark		Date Received		Notification #			
I. Type of Notification (check on	ne): Origi	nal	✓ Revised	Cance				
II. Facility Description								
Building Name: Times Square Shuttle Station								
Address: Times Square 42nd Street Shuttle Line IRT								
City: Manhattan State: NY Zip Code: 10036 County: Manhattan								
Site Location: Tracks				_				
Building Size (square feet): 50000		#	of Floors: 1	A	ge in Years: 50+			
Present Use: Other			ior Use: Other					
III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training								
IV. Is Asbestos Present? (check of	one): Yes	☐ No						
V. Facility Information								
Owner Name: NYC Trans								
Address: 2 Broadway, 2nd	d Floor							
City: New York			State: NY	Zip	Code: 10004			
Contact: Mohammad Kha	ın	Telepl	hone: (646) 252	2-3527	Fax:			
Removal Contractor Name								
Address: 34-52 11th Stre	et							
City: L.I.C.			State: NY	Zip	Code: 11106			
				-1076	Fax: (718) 606-	9558		
Other Operator (demolition	n/general): MLJ Co	ntracting						
Address: 1720 Whiteston	e Expressway suit	e 304						
City: Whitestone			State: NY	Zip	Code: 11357			
Contact: Zachary Fenton								
VI. Procedure, including analytic	eal methods employe	d to detec	t the presence of	and to estimate th	a quantity of DAC	TM and		
Category I and Category II no		d to detec	t the presence of	and to estimate th	e quantity of KAC	Sivi and		
USEPA Procedures 600-MA	A-82-020 using	PLM Ar	nalysis Polari	ze Light Micro	oscopy.07/21/	2014		
			Charles and the second					
VII. Approximate Amount of Asbo	estos Materials:			,	***			
		mayad	Non-friable Ash		Non-friable Asb			
				mariad		D 1		
	RACM to be Re	lilloved	to be Re			Removed		
		moved	Category I	Category II	Category I	Removed Category II		
Insulation(linear feet)	RACM to be Re	moved						
Insulation(linear feet) Surface Area (square feet)		moved	Category I					
	1043	Inoved	Category I					
Surface Area (square feet)	1043	Start:	Category I		Category I			
Surface Area (square feet) Facility Components (cubic feet)	1043 4 or Renovation:		Category I 142 84	Category II	Category I			
Surface Area (square feet) Facility Components (cubic feet) VIII. Scheduled Dates Demolition (1043 4 or Renovation:	Start:	Category I 142 84 8/30/21	Category II Complete	Category I			

					6			
X. This ask	or renovation techniques to be used and description of affected facility components:							
21-0957	& EPA D	ry Removal Variance Dated 11/18/2019.	Methods will in	voludo double bade	ned for disposal purposes.			
XI.	Description removal ar	n of work practices and engineering controls to b ad waste handling emission control procedures: econtamination Units, Negative Air Pressure Mach	e used to comply	with the requireme	nts, including asbestos			
XII.	Waste Tra	nsporter #1						
	Name:	ATC, Inc.						
	Address:	2 Moriches Middle Island Rd						
	City:	Shirley	State:	NY	Zip Code: 11967			
	Contact:	Kenny Smith	Telephone:	(631)924-5050				
	Waste Tra	insporter #2	_					
	Name:							
	Address:							
	City:		State:		Zip Code:			
	Contact:		Telephone:	()				
XIII.	Waste Dis	posal						
	Name:	Minerva Enterprises LLC						
	Address:	8955 Minerva Rd						
	City:	Waynesburg	State:	ОН	Zip Code: 44688			
	Contact:	, ,	Telephone:	(330) 866-343	5			
XIV.	Emergence	y Demolition (complete Item XIV only if this project	ct is an Emergenc	y Demo.)				
	1. At	tach a copy of the Order to this notice.						
		ame of Authority Issuing Order:		Title:				
		uthority of Order (Citation of Code):		Date	Ordered to Begin			
	4. Da	ate of Order (MM/DD/YY):	-i information					
XV.		y Renovation (Attach separate sheet with the follow	wing information	ii project is Emergen	ty Kenovanom)			
		ate and Hour of the Emergency: escription of the Sudden, Unexpected Event:						
	3. Ex	eplanation of how the event caused unsafe conditions	s or equipment da	amage or an unreason	able financial burden.			
XVI.	Description	n of procedures to be followed in the event that u	nexpected RAC	M is found or non-fi	riable ACM becomes			
4014	crumbled,	pulverized, or reduced to powder. covered unexpectedly, or non-friable ACM	which becom	nes crumbled, will	be wet with amended			
water a	and cleane	ed up with HEPA vacs, to be put in 6mil po	ly bags.					
XVII.	I certify th	at an individual trained in the provisions of NESI	HAP (40 CFR PA	ART 61, SUBPART	M) will be on -site during the			
	Г	Demolition or Renovation, and evidence that the re	equired training	has been accomplish	ied by this person will be			
	а	vailable during normal business hours.						
		X.	08/27/21		nnis/Project Manager			
		Signature DOwner/Operator	Date	Type or F	Print Name and Title			
XVIII.	I acknowle	edge the existence of laws prohibiting the submis	sion of false or n	nisleading statemen	ts, and I certify that facts			
	C	ontained in this notification are true, accurate, a	nd complete.					
			08/27/21	Dimitris Kara	giannis/Project Manag			
		Signature of Owner/Operator	Date		Print Name and Title			

Operator Project # Pos	stmark		Date Received		Notification #				
 Type of Notification (check one): Or	iginal	✓ Revised	Cancel					
II. Facility Description									
Building Name: Grand Central Shuttle Station									
Address: 42nd Street Shuttle Line	C: Manhattan								
City: Manhattan State: NY Zip Code: 10036 County: Manhattan Site Location : Signal Relay Room & Tracks									
Building Size (square feet): 50000			4		FO:				
# of Floors, Age in rears									
Prior Use: Other									
III. Type of Operation (check one): □ Demo □ Ordered Demo □ Renovation □ Emergency Renovation □ Fire Training IV. Is Asbestos Present? (check one): ✓ Yes □ No									
	ie): Yes	☐ No							
V. Facility Information Owner Name: NYC Transit	•								
Address: 2 Broadway, 2nd									
11 11 1			s. NV	Zip (2 10004				
Contact: Mohammad Khan		Talan	State: 111	Zip (Code: 10004				
Removal Contractor Name:				-3321 I	ax:				
Address: 34-52 11th Stree	t								
					G 1 11106	3			
4300				Zip 0					
Contact: Peter Viennas Other Operator (demolition			1						
Address: 1720 Whitestone	,								
			a. NV		- 11057				
,				Zip					
Contact: Zachary Fenton									
VI. Procedure, including analytica Category I and Category II no	l methods, emple	yed to detec	et the presence of	and to estimate the	quantity of RAC	CM and			
		a DIM A	nalvoja Dolori	an Limbt Minus	07/04/	0044			
USEPA Procedures 600-MA	-02-020 uSin	g FLIVI A	naiysis Polan	ze Light Micro	scopy.07/21/	2014			
VII. Approximate Amount of Asbes	tos Materials:	A Hall Control of the							
		Ī	Non-friable Ash	estos Material	Non-friable Asbe	estos Material			
	RACM to be	Removed	to be Re		NOT to be Rem				
		[Category I	Category II	Category I	Category II			
Insulation(linear feet)	584		56						
Surface Area (square feet)	1		545						
Facility Components (cubic feet)									
VIII. Scheduled Dates Demolition or	Renovation:	Start:		Complete:					
IX. Dates for Asbestos Removal (MM/DD/YY)	Start: 0	8/30/21	Complete:	08/29/22				
Days of the Week: Monday	Tuesday	Wednesda		Friday	Saturday	Sunday			

X. This as	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components: This asbestos abatement will be done in accordance with the applicable NYS ICR 56 & Site Specific Variance 21-0957 & EPA Dry Removal Variance Dated 11/18/19. Methods will include double bagged for disposal purposes.							
XI.	Descriptio removal a	n of work practices and engineering controls to be nd waste handling emission control procedures: econtamination Units, Negative Air Pressure Machin	used to comply	with the requirement	s, including asbestos			
XII.	Waste Tra	nsporter #1						
	Name:	ATC, Inc.						
	Address:	2 Moriches Middle Island Rd						
	City:	Shirley	State:	NY	Zip Code: 11967			
	Contact:	Kenny Smith	Telephone:	(631)924-5050				
	Waste Tra	ansporter #2						
	Name:							
	Address:							
	City:		State:		Zip Code:			
	Contact:		Telephone:	()				
XIII.	Waste Dis	sposal						
	Name:	Minerva Enterprises LLC						
	Address:	8955 Minerva Rd						
	City:	Waynesburg	State:	ОН	Zip Code: 44688			
	Contact:	Trayssss.ig	Telephone:	(330) 866-3435				
XIV.	Emergeno	ey Demolition (complete Item XIV only if this project	is an Emergeno	cy Demo.)				
		ttach a copy of the Order to this notice.						
		ame of Authority Issuing Order:		Title:				
		uthority of Order (Citation of Code):			1 1 P 1			
		ate of Order (MM/DD/YY):			Ordered to Begin			
XV.	10 To	ey Renovation (Attach separate sheet with the follow	ing information	if project is Emergency	Renovation.)			
		ate and Hour of the Emergency:						
		escription of the Sudden, Unexpected Event: explanation of how the event caused unsafe conditions	or equipment d	amage or an unreasonab	ole financial burden.			
	3. E.	xpianation of now the event caused unsafe conditions	or equipment a	8 - 01 010				
XVI.	Description	on of procedures to be followed in the event that ur	expected RAC	M is found or non-fri	able ACM becomes			
	crumbled	nulverized, or reduced to powder.						
ACM w	hich is dis	scovered unexpectedly, or non-friable ACM ed up with HEPA vacs, to be put in 6mil poly	wnich becon	nes crumbled, will b	be wet with amended			
XVII.	I certify t	hat an individual trained in the provisions of NESH	IAP (40 CFR P	ART 61, SUBPART M) will be on -site during the			
	I	Demolition or Repovation, and evidence that the re						
	2	vailable during normal business hours.						
			08/27/21	Dimitris Karagianr	nis/Project Manager			
		Signature of Owner/Operator	Date	Type or Pr	int Name and Title			
XVIII.	I acknowl	edge the existence of laws prohibiting the submiss	ion of false or	misleading statements	, and I certify that facts			
		ontained in this notification are true, accurate, an			est transmission variables and the second			
			08/27/21	Dimitris Karani	iannis/Project Manag			
,		Signature of Owner/Operator	Date		int Name and Title			
	_	2		100 to 10				

Operator Project #		Postmark		Date Received		Notification #			
I. Type of Notific		one):	Original	✓ Revised	Canc	eled			
II. Facility Description Building Name: Grand Central Shuttle Station									
Address: 42nd Street Shuttle Line IRT									
City: Manhattan State: NY Zip Code: 10036 County: Manhattan									
Site Location : Signal Relay Room & Tracks									
Building Size (square	Building Size (square feet): 50000 # of Floors: 1 Age in Years: 50+								
Present Use: Other Prior Use: Other									
III. Type of Opera	III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training								
IV. Is Asbestos Pr	esent? (checl	k one): Ye	S No						
V. Facility Info									
Owner Name									
Address: 2 B		nd Floor							
City: New					Zip				
					2-3527	Fax:			
		ne: ATCO Cor	tracting Grou	ıp, Inc.					
Address: 34				ND.		44400			
City: L.I.C.					Zip				
Contact: Pet					6-1076	Fax: (/18) 606-	9558		
I		ion/general): M		9					
		ne Expressway		a. NV	7:	G 1 11257			
City: White			T. 1		Zi _I				
					3-1952				
,	0	tical methods, en non-friable ACM		ect the presence of	and to estimate th	ne quantity of RAC	CM and		
USEPA Procedu	res 600-N	//A-82-020 u	sing PLM A	nalysis Polar	ize Light Micro	oscopy.07/21	/2014		
NIII Annuarimento A	mount of As	bestos Materials		Lesing of the control of the					
VII. Approximate A	amount of As	Destos Materiais	•	Non friable As	hestos Material	Non frieble Ash	actos Matarial		
		RACM to	be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
				Category I	Category II	Category I	Category II		
Insulation(linear feet)		5	84	56					
Surface Area (square f	eet)		1	543					
Facility Components (c	cubic feet)								
VIII. Scheduled Date	es Demolitio	or Renovation:	Start:		Complete	:			
IX. Dates for Asbe	estos Remova	al (MM/DD/YY)	Start: (08/30/21	Complete	08/29/22			
Days of the Week:	Monday	Tuesday	Wednesda	ay Thursday	Friday	Saturday	Sunday		
Hours of Operation:	09pm-5:30a	am 09pm-5:30a	am 09pm-5:30	0am 09pm-5:30	am 09pm-5:30ai	m ·			

	Of Tenova	on of planned Demolition or Renovation work to be tion techniques to be used and description of affect	ted facility com	nonent cr	
This as 21-095	pesios ac	patement will be done in accordance with the Dry Removal Variance Dated 11/18/19. Me	annlinghle	NIVE ICD EC 9 CH	te Specific Variance ed for disposal purposes.
XI.	Descriptio	n of work practices and engineering controls to be	used to comply	y with the requiremen	nts, including asbestos
Persona	& Waste D	nd waste handling emission control procedures: econtamination Units, Negative Air Pressure Machir	as HEDA Vac	ume PPF	
		gas a visit record Macrin	ics, fill A vact	dums, i i L	
XII.	Waste Tra	ansporter #1			
	Name:	ATC, Inc.			
	Address:	2 Moriches Middle Island Rd			
	City:	Shirley	State:	NY	Zip Code: 11967
	Contact:	Kenny Smith	Telephone:	(631)924-5050	
		ansporter #2	-		
	Name:	-			
	Address:				
	City:		State:		Zip Code:
	Contact:		Telephone:	()	
XIII.	Waste Di	• "			
	Name:	Minerva Enterprises LLC			
	Address:	8955 Minerva Rd	Ctata		Zin Code: 44000
	City:	Waynesburg	Telephone:	OH (330) 866-3435	Zip Code: 44688
XIV.	Contact:	cy Demolition (complete Item XIV only if this project			
AIV.	Ü	ttach a copy of the Order to this notice.	is all Efficigenc	y Demo.)	
		ame of Authority Issuing Order:		Title:	
	3. A	uthority of Order (Citation of Code):			
		ate of Order (MM/DD/YY):			Ordered to Begin
XV.	_	cy Renovation (Attach separate sheet with the follow	ing information	if project is Emergenc	y Renovation.)
		ate and Hour of the Emergency: escription of the Sudden, Unexpected Event:			
		escription of the Sudden, Chexpected Events xplanation of how the event caused unsafe conditions	or equipment da	amage or an unreasona	ble financial burden.
			9 50	942	
XVI.		on of procedures to be followed in the event that ur	nexpected RAC	M is found or non-fr	iable ACM becomes
ACM w	crumbled high is dis	, pulverized, or reduced to powder. scovered unexpectedly, or non-friable ACM	which becom	nes crumbled, will	be wet with amended
water a	and cleane	ed up with HEPA vacs, to be put in 6mil poly	y bags.		
XVII.		hat an individual trained in the provisions of NESH Demolition or Renovation, and evidence that the re			
		vailable during normal business hours.	quireu training	, nas been accompnish	ed by this person will be
		6 A A A	08/25/21	lakovos Antoniou	/Project Manager
		Signature of Owner/Operator	Date		rint Name and Title
VVIII	I a also see 1	edge the existence of laws prohibiting the submiss	ion of false or		
XVIII.		edge the existence of laws prombiting the sublinss ontained in this notification are true, accurate, an		msicaumg statement	s, and i certify that facts
		$\Lambda \Lambda \Lambda \Lambda$	08/25/21	lakovos Antor	niou/Project Manager
9		Signature of Øwner/Operator	Date		niou/Project Manager rint Name and Title
			100000000000000000000000000000000000000	\F	

Operator Project #	Postmark		Date Received		Notification #			
I. Type of Notification (check	one): O	riginal	✓ Revised	Canc	eled			
II. Facility Description Building Name: Times Square Shuttle Station								
Address: Times Square 42nd Street Shuttle Line IRT								
Manhatta		SAMPLE SA	Zip Code: _	10036	County: Manhat	tan		
Site Location : Tracks								
Building Size (square feet): 5000	00	#	of Floors: 1		Age in Years: 50-			
D Othor								
III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training								
IV. Is Asbestos Present? (chec	ck one): Yes	☐ No						
V. Facility Information								
Owner Name: NYC Tra	ansit							
Address: 2 Broadway,	2nd Floor		2					
City: New York					Code: 10004			
Contact: Mohammad K	(han	Telep	phone: (646) 252	2-3527	Fax:			
Removal Contractor Na	me: ATCO Contra	acting Grou	p, Inc.					
Address: 34-52 11th S	treet							
					Code: 11106			
Contact: Peter Viennas				5-1076	Fax: <u>(718)</u> 606-	9558		
Other Operator (demoli)					
Address: 1720 Whitest	one Expressway s	suite 304						
City: Whitestone				Zi	Code: 11357			
Contact: Zachary Fent	on	Telep	phone: (347) 853	3-1952	Fax:			
VI. Procedure, including analy Category I and Category I			ct the presence of	and to estimate th	ne quantity of RAC	CM and		
USEPA Procedures 600-			nalysis Polari	ize Light Micr	oscopy.07/21/	2014		
USEFA Flocedules 000	WIA 02 020 d311	ig i Livi /	naryolo i olar	izo zigiti wilor		2011		
VII. Approximate Amount of A	sbestos Materials:							
	RACM to be	Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Mate NOT to be Removed			
			Category I	Category II	Category I	Category II		
Insulation(linear feet)	854	4	112					
Surface Area (square feet)	3		69					
Facility Components (cubic feet)								
VIII. Scheduled Dates Demolitic	on or Renovation:	Start:		Complete	e:			
IX. Dates for Asbestos Remo	val (MM/DD/YY)	Start: C	08/30/21	Complete	e: 08/29/22			
Days of the Week: Monday	Tuesday	Wednesda	ny Thursday	Friday	Saturday	Sunday		
Hours of Operation: 09pm-5:30	09pm-5:30am	09pm-5:30	09pm-5:30	am 09pm-5:30a	m			

					Page 2 of 2		
χ.	or renovation techniques to be used and description of affected facility components:						
This as 21-095	7 & EPA [atement will be done in accordance with the Dry Removal Variance Dated 11/18/2019. N	e applicable N lethods will in	NYS ICR 56 & Si iclude double ba	gged for disposal purposes.		
XI.	Descriptio	on of work practices and engineering controls to be nd waste handling emission control procedures:	used to comply	y with the requiren	nents, including asbestos		
Personal	& Waste D	econtamination Units, Negative Air Pressure Machi	nes, HEPA Vacu	uums, PPE			
XII.	Wasta Tw	ansporter #1					
Ан.	Name:	ATC, Inc.					
	Address:	2 (2007)					
	City:	2 Moriches Middle Island Rd	C+-+		Zip Code: 11967		
	Contact:	Shirley	State:		_		
		Kenny Smith	Telephone:	(631)924-5050)		
	Name:	ansporter #2					
	Address:		State:		Zip Code:		
	City: Contact:		Telephone:				
XIII.		enosal	Telephone.				
AIII.	Waste Di Name:						
	Address:	Minerva Enterprises LLC					
		8955 Minerva Rd	State:	ОН	Zip Code: 44688		
	City: Contact:	Waynesburg		(330) 866-34	and the second s		
VIV		cy Demolition (complete Item XIV only if this projec		province of the description of the			
XIV.		attach a copy of the Order to this notice.	t is air Emergence	,, <i>z</i> e,			
		Tame of Authority Issuing Order:		Title	:		
		authority of Order (Citation of Code):					
		Pate of Order (MM/DD/YY):			te Ordered to Begin		
XV.		cy Renovation (Attach separate sheet with the follow	ing information	if project is Emerge	ency Renovation.)		
		ate and Hour of the Emergency:					
	2. D	escription of the Sudden, Unexpected Event:	or aquipment de	omaga or an unresso	anable financial burden		
	3. E	xplanation of how the event caused unsafe conditions	or equipment da	amage of all unicase	madic imanciai burden.		
XVI.		on of procedures to be followed in the event that un	nexpected RAC	M is found or non-	-friable ACM becomes		
A CM	crumbled	, pulverized, or reduced to powder. scovered unexpectedly, or non-friable ACM	which become	nes crumbled w	ill be wet with amended		
water a	ind cleane	ed up with HEPA vacs, to be put in 6mil poly	y bags.	ics oranibiou, w	iii bo wet with amended		
XVII.	I certify t	hat an individual trained in the provisions of NESH	IAP (40 CFR PA	ART 61, SUBPAR	Γ M) will be on -site during the		
		Demolition or Renovation, and evidence that the re evailable during normal business hours.	quired training	has been accompli	shed by this person will be		
		MM	08/25/21	lakovos Anton	iou/Project Manager		
		Signature of Owner/Operator	Date	Type or	Print Name and Title		
XVIII.	I acknowl	edge the existence of laws prohibiting the submiss	ion of false or r	nisleading stateme	nts, and I certify that facts		
	c	ontained in this notification are true, accurate, an	d complete.				
		/W//\	08/25/21	lakovos Ant	oniou/Project Manager		
		Signature of Owner/Operator	Date	_	Print Name and Title		